

CLAIMS ONLY

SERIAL NO.

09 867543

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 38 | 5 | | | | |
| TOTAL DEP. | 24 | | | | | |
| TOTAL CLAIMS | 29 | | | | | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09887543

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | | | | | |
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| 15 | | | | | | |
| 16 | 1 | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
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| 21 | | | | | | |
| 22 | | | | | | |
| 23 | 1 | | | | | |
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| TOTAL IND. | 27 | | | | | |
| TOTAL DEP. | 73 | | | | | |
| TOTAL CLAIMS | 100 | | | | | |

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|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 59 | | | | | | |
| 60 | 1 | | | | | |
| 61 | 1 | | | | | |
| 62 | | 1 | | | | |
| 63 | | 1 | | | | |
| 64 | 1 | | | | | |
| 65 | 1 | | | | | |
| 66 | | 1 | | | | |
| 67 | 1 | | | | | |
| 68 | 1 | | | | | |
| 69 | | 1 | | | | |
| 70 | | | | | | |
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| 72 | 1 | | | | | |
| 73 | 1 | | | | | |
| 74 | | 1 | | | | |
| 75 | 1 | | | | | |
| 76 | 1 | | | | | |
| 77 | | 1 | | | | |
| 78 | | 1 | | | | |
| 79 | 1 | | | | | |
| 80 | 1 | | | | | |
| 81 | | 1 | | | | |
| 82 | | 1 | | | | |
| 83 | | 1 | | | | |
| 84 | 1 | | | | | |
| 85 | 1 | | | | | |
| 86 | 1 | | | | | |
| 87 | 1 | | | | | |
| 88 | 1 | | | | | |
| 89 | 1 | | | | | |
| 90 | 1 | | | | | |
| 91 | 1 | | | | | |
| 92 | 1 | | | | | |
| 93 | | 1 | | | | |
| 94 | 1 | | | | | |
| 95 | 1 | | | | | |
| 96 | | 1 | | | | |
| 97 | | 1 | | | | |
| 98 | 1 | | | | | |
| 99 | | 1 | | | | |
| 100 | 1 | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS